

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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49						
50						

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

76  
10  
10

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

100  
100  
100

100  
100  
100

1	IND	DEP	1	IND	DEP	1	IND	DEP
2			2			2		
3			3			3		
4			4			4		
5			5			5		
6			6			6		
7			7			7		
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